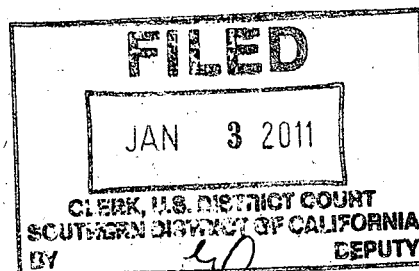


Emmanuel Tihore Bull
(Name)P.O. BOX 5002; 63100
(Address)CALIPATRIA CALIF. 92233
(City, State, Zip)J45487 DB
(CDC Inmate No.)

2254	1983
FILING FEE PAID	
Yes	No
HYP MOTION FILED	
Yes	No
COPIES SENT TO	
Court	ProSe

**ORIGINAL**

United States District Court Southern District of California

Emmanuel Tihore Bull
(Enter full name of plaintiff in this action.)

Plaintiff,

v.

LARRY Small, warden
T. OCHOA, warden
T. BOREN, Sgt.
HUR TADO, C/O

(Enter full name of each defendant in this action.)

Defendant(s).

11 CV 0009 DMS WMC

Civil Case No. _____

(To be supplied by Court Clerk)

 Complaint under the
 Civil Rights Act
 42 U.S.C. § 1983

Fed. R. Civ. P. 38(b)
Jury trial.
A. Jurisdiction

Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional authority, list them below.

28 U.S.C. § 1331; 28 U.S.C. § 1391(b)(2); 28 U.S.C. § 2201; § 2202.
B. Parties

1. Plaintiff: This complaint alleges that the civil rights of Plaintiff, Emmanuel Tihore Bull (print Plaintiff's name), who presently resides at P.O. BOX 5002 (mailing address or place of confinement), were violated by the actions

of the below named individuals. The actions were directed against Plaintiff at COUR
CALIPATRIA on (dates) 6/12/07, and _____
 (institution/place where violation occurred) (Count 1) (Count 2) (Count 3)

CR

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Defendant LARRY SMALL resides in CALIFORNIA
(name) (County of residence)

and is employed as a WARDEN CALIFORNIA. This defendant is sued in
(defendant's position/title (if any))

his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: his deliberate, indifference, malicious, improper, arbitrary
Retaliation action of unlawful acts deprivation of due process of liberty
rights, Equal protection, during working hours on the prison premises.

Defendant T. OCHOA resides in CALIFORNIA
(name) (County of residence)

and is employed as a WARDEN CALIFORNIA. This defendant is sued in
(defendant's position/title (if any))

his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: his deliberate, indifference, malicious, improper, arbitrary
Retaliation action of unlawful deprivation of property violation of due
process rights, Equal protection during working hours on prison premises.

Defendant T. BOKEN resides in CALIFORNIA
(name) (County of residence)

and is employed as a SERGEANT CALIFORNIA. This defendant is sued in
(defendant's position/title (if any))

his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: his deliberate, indifference, malicious, improper, arbitrary
Retaliation actions of unlawful acts deprivation of property violation of due
process rights, Equal protection during working hours on prison premises.

Defendant HURTADO resides in CALIFORNIA
(name) (County of residence)

and is employed as a CORRECTIONAL OFFICER. This defendant is sued in
(defendant's position/title (if any))

his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: his deliberate, indifference, malicious, improper, arbitrary
Retaliation actions of unlawful acts deprivation of property, violation of due
process rights, equal protection during working hours on prison premises.

C. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary.)

Count 1: The following civil right has been violated: 1st, 4th, 5th, 8th, 14th

Amend. U.S.C. To safe conditions in prison. (E.g., right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 1.]

on June 11, 2007, PLAINTIFF TRANSPACKED PLAINTIFF'S PERSONAL PROPERTY AT CCR-C-S-A-T-F-180, to be TRANSFERRED to CCR CALIPATRIA. NO OFFICIAL AT C-S-A-T-F-180, INFORMED PLAINTIFF WHAT PLAINTIFF COULD OR COULD NOT HAVE AT CCR CALIPATRIA CCR-TITLE 15 § 3/90(C). ON JUNE 12, 2007 PLAINTIFF WAS RECEIVED AT CCR CALIPATRIA-270. PLAINTIFF WAS RECEIVED AT CCR CALIPATRIA-270, ALONG WITH 12-14 OTHER PRISONERS. ALL THE OTHER PRISONERS RECEIVED THEIR PERSONAL PROPERTY THAT SAME DAY UPON ARRIVAL, PLAINTIFF WAS THE ONLY INMATE TO NOT RECEIVE PLAINTIFF'S PERSONAL PROPERTY THAT DAY ON JUNE 12, 2007. PLAINTIFF ASKED SGT. T. BOREN, THE RECEIVING AND RELEASING SERGEANT, "WHY AM I NOT GETTING PERSONAL PROPERTY?" SGT. T. BOREN STATED "HAVE YOU EVER HEARD OF POP GOES THE WEASEL?" "WELL YOU ARE THE WEASEL." AND AT THAT ONCE OTHER DEFENDANT(S), DEFEND-HURTADO, %O, C. MACIEL, %O, VANZADT, %O, ALL STARTED TO CHORUS STATING "POP GOES THE WEASEL BECAUSE THE WEASEL GOES POP." DEFENDANT(S) T. BOREN, SGT, HURTADO, %O, C. MACIEL, %O, AND VANZADT, %O, ALL STARTED TO LAUGH AT PLAINTIFF BECAUSE PLAINTIFF WAS DEPRIVED OF PERSONAL PROPERTY ON JUNE 12, 2007. ~~THEY ALL~~ LAUGHING AT PLAINTIFF BECAUSE IT'S A GAME TO THE DEFENDANT(S). ON JUNE 13, 2007, PLAINTIFF WAS CALLED BACK UP TO R & R BY SGT. T. BOREN, TO RETRIEVE PLAINTIFF'S

1 personal property. when plaintiff arrived at R & R
 2 plaintiff's personal property was already separated
 3 of what plaintiff can have and cannot have here at
 4 CALIPATRIA. A lot of plaintiff's personal property was
 5 confiscated unlawfully. plaintiff was deliberately,
 6 maliciously, improperly, arbitrarily, retaliated against
 7 and was forced to via mail plaintiff's personal pro-
 8 perty home unlawfully due to COCR CALIPATRIA -270
 9 Bogus, fake, false, made up rules about plaintiff can
 10 not have in plaintiff's possession any appliances that
 11 have speakers in the televisions or radios, plaintiff
 12 cannot have in plaintiff's possession hair comb picks,
 13 Discrimination against African Americans, plaintiff
 14 E-Tron Radio with CD player, cassette ~~player~~, ear
 15 buds, T.V. cable, Head phone extension cord, cassette
 16 tapes, shower shoes, the Rmo hair top and pants, hair
 17 gel, gym shorts, books magazines, sweat pants and shirt
 18 soap dishes, wave caps, headphones. on June 13, 2007
 19 plaintiff signed COCR property Release Form and
 20 the COCR 193, trust account withdrawal order
 21 form, plaintiff personal property that was
 22 unlawfully confiscated, plaintiff's property
 23 was never mailed to the address plaintiff
 24 provided to defendant(s) T. Boren, Sgt, LARRY
 25 Small, warden, T. Ochoa, warden,
 26 Defendant T. Boren. Lied to the reviewer about
 27 ~~that~~ plaintiff having a J-win Radio. plaintiff
 28 do not or never did own an J-win Radio.

1 PLAINTIFF'S mother, Lillie Bull Bought and paid
 2 FOR PLAINTIFF'S ETRON CD-CASSETTE RADIO PLAYER
 3 FROM Union Supply Company on June 29, 2001
 4 (See Exhibit # A) PLAINTIFF'S receipt.
 5 DEFENDANT(S) T. BOREN, sgt, or the 602
 6 REVIEWER did not identify what was wrong
 7 with PLAINTIFF'S ETRON RADIO, or any other
 8 OF PLAINTIFF'S personal property that was
 9 UNLAWFULLY CONFISCATED. or why they confiscated
 10 PLAINTIFF'S T.V. SPEAKERS, headphones etc,
 11 etc, clothing items, and other belongings.
 12 DEFENDANT T. BOREN, sgt. STATED

13 "DEFENDANT(S) LARRY SMALL, warden and
 14 T. OCHOA, warden, implemented the new Rule".
 15 "So, Hurtado proceeded to give me the rest
 16 OF my property, and took the rest AWAY FROM
 17 me".

18 conclusion

19
 20
 21 COCA COLA PATRIA OFFICIALS RETALIATION UNLAWFULLY
 22 TAKING my PERSONAL property amounts
 23 to deliberate, indifference,
 24 malicious ARBITRARY to an UNREASONABLE
 25 RISK OF SERIOUS HARM. invasion
 26 OF the 1st, 4th, 5th, 8th, 14th, Amendments to
 27 the united states constitution. For these reasons
 28 my motion for JURY TRIAL should be granted.

D. Previous Lawsuits and Administrative Relief

1. Have you filed other lawsuits in state or federal courts dealing with the same or similar facts involved in this case? Yes ☒ No.

If your answer is "Yes", describe each suit in the space below. [If more than one, attach additional pages providing the same information as below.]

(a) Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

(b) Name of the court and docket number: _____

(c) Disposition: [For example, was the case dismissed, appealed, or still pending?] _____

(d) Issues raised: _____

(e) Approximate date case was filed: _____

(f) Approximate date of disposition: _____

2. Have you previously sought and exhausted all forms of informal or formal relief from the proper administrative officials regarding the acts alleged in Part C above? [E.g., CDC Inmate/Parolee Appeal Form 602, etc.] ? ☒ Yes ☐ No.

If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No", briefly explain why administrative relief was not sought. CM-0701135

First level Review was denied on 7-15-2007; Second level Review was denied on 8-29-2007; 3rd level Review was denied on 12-12-2007; Government claim form was denied on September 6, 2007.

E. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. An injunction preventing defendant(s): _____

2. Damages in the sum of \$ 500,000.00

3. Punitive damages in the sum of \$ 500,000.00

4. Other: FOR EACH AND EVERY INDIVIDUAL DEFENDANT(S)

TO PAY THIS PLAINTIFF \$ 500,000.00 FOR PAIN AND SUFFERING, AND FOR COURT FEES AND COSTS, AND FOR ATTORNEY FEES.

F. Demand for Jury Trial

Plaintiff demands a trial by ☒ Jury ☐ Court. (Choose one.)

G. Consent to Magistrate Judge Jurisdiction

In order to insure the just, speedy and inexpensive determination of Section 1983 Prisoner cases filed in this district, the Court has adopted a case assignment involving direct assignment of these cases to magistrate judges to conduct all proceedings including jury or bench trial and the entry of final judgment on consent of all the parties under 28 U.S.C. § 636(c), thus waiving the right to proceed before a district judge. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to utilize this efficient and expeditious program for case resolution due to the trial judge quality of the magistrate judges and to maximize access to the court system in a district where the criminal case loads severely limits the availability of the district judges for trial of civil cases. Consent to a magistrate judge will likely result in an earlier trial date. If you request that a district judge be designated to decide dispositive motions and try your case, a magistrate judge will nevertheless hear and decide all non-dispositive motions and will hear and issue a recommendation to the district judge as to all dispositive motions.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including trial, and the entry of final judgment by indicating your consent below.

Choose only one of the following:

☒ Plaintiff consents to magistrate judge jurisdiction as set forth above.

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

December 29, 2010
Date

Emmanuel Tyrone Bell
Signature of Plaintiff

Exhibit A pages 1 - 22

PLAINTIFF'S COERCED COMPLAINT Filed
on, June 17, 2007, case no. [#]CA

0701135 CALIFORNIA, DEPRIVED
OF PERSONAL PROPERTY.

And Government Claims Form.
Filed on, September 6, 2007,
PROPERTY RECEIPTS AS EX.-

EXHIBIT

Exhibit [#]A

STATE OF CALIFORNIA RECEIVED CAL APPEALS JUN 21 2007

INMATE/PAROLEE
APPEAL FORM
CDC 802 (12/87)

Location Institution/Parole Region
CAL

Log No.
C 07 01 135

Category
(5)

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
E. BULL	J45987	Deprived of property, Give Back	C-3-127

A. Describe Problem: This is a prisoner citizen's complaint - prisoner's - Employee misconduct complaint pursuant to CALIF. PENAL CODES 832.5 ca); 2650 - 2652; 182.5 CONSPIRACY; + CALIF. TITLE 15 SECT'S 3004 Ca (b)(6); 3084.1 Ca); 3084.7 Ca)(1)(2); 3190 Ca)(b)(1)(2)(3)(4)(5)(6)(7)(8)(9)(10)(11)(12)(13)(14)(15)(16)(17)(18)(19)(20)(21)(22)(23)(24)(25)(26)(27)(28)(29)(30)(31)(32)(33)(34)(35)(36)(37)(38)(39)(40)(41)(42)(43)(44)(45)(46)(47)(48)(49)(50)(51)(52)(53)(54)(55)(56)(57)(58)(59)(60)(61)(62)(63)(64)(65)(66)(67)(68)(69)(70)(71)(72)(73)(74)(75)(76)(77)(78)(79)(80)(81)(82)(83)(84)(85)(86)(87)(88)(89)(90)(91)(92)(93)(94)(95)(96)(97)(98)(99)(100); 3193 Ca)(b); Brought AGAINST CALIF. DEPT. OF CORRECTIONS Employees & OFFICIALS employed at CSP-CAL-270 R & R, C-Facility known AS T. OCHOA, WARDEN; G. JANDA, A-W; T. BOREN, Sgt.; HURTADO

B. Action Requested: To be compensated for the following 3 items that prisoner paid money for, either with money & or to be given back all said mention property bought & paid for: 1. T.V. # 114.97; 2. Headphones # 9.97; 3. Ear buds # 4.99; T.V. cable # 3.97; 4. Headphone extension cord # 8.00; Continue on attached page.

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

EXHIBIT

Signature: _____ Date Submitted: _____
Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim
CDC Appeal Number:

C 07 01 135

CAL

C 07 01 1 3 5

First Level ☐ Granted ☐ P. Granted ☒ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned:

JUN 22 2007

Due Date:

8/5/07

Interviewed by: see attachedStaff Signature: [Signature]Title: SgtDate Completed: 7-15-07Division Head Approved: [Signature]

Returned

Signature: [Signature]Title: Capt (A)Date to Inmate: JUL 19 2007

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

The C/O's is Lying they never told, stated nothing to "P" on why they took my property UNLAWFULLY. "P" is being unlawfully deprived of "P's" personal due to a FAKE, FALSE threat to the security of the prison. "P" is allowed numerous shaving RAZORS in "P's" cell 24 hours a day, so how can officials states "P's" property is A security concern + other items??

E. BULL #J45987

Signature: E. BULL #J45987Date Submitted: July 21, 2007Second Level ☐ Granted ☐ P. Granted ☒ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned:

JUL 24 2007

Due Date:

8/21/07

☒ See Attached LetterSignature: [Signature]Date Completed: 8-29-07Warden/Superintendent Signature: [Signature]Date Returned to Inmate: SEP 04 2007

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

"P" is being deprived of personal property due to there is no security nor threat to the prison because of a radio, headphones, books & clothing. This prison have some of the same radio E-TRON radio, Headphones, books & clothing that other prisoners have in their possession & they have not been confiscated. The Sgt, & Reviewer is Lying about "P" radio is/ or was altered & that is why they took, confiscated it from P. The Sgt. & Reviewer

Signature: E. BULL #J45987Date Submitted: 9-6-2007

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other☒ See Attached LetterDate: DEC 12 2007

RECEIVED CAL APPEALS JUL 24 2007

RECEIVED CAL APPEALS JUL 24 2007

Continuation FR. Describe problem (A)
 Re: Complaint # 2375 (a); 2650-2652; 182.5 conspiracy:
 Def: T. Ochoa, warden, cal.; G. Janda, A-W; T. Boren,
 Sgt.; Hurtado, C/O; C. Maciel, C/O; VANZadnt,
 C/O; (A) E. Bull # J45987

C/O: C. Maciel, C/O: VANZadnt, C/O:.. For their malicious, deliberate, improper, arbitrary abuse of actions of supervisory authority by improperly, unlawfully authorizing the subordinate officers, officials to violate, deprive prisoner of personal property possession. The deliberate, improperly malicious, arbitrary unlawful punishment of confiscation of personal property. To deliberately, maliciously, arbitrarily, improperly unlawfully enforce, use, underground, specifically, create made up, fake, false rules to, & or so subordinate officials can deliberately, maliciously, improperly, arbitrarily act to harass, threaten & to improperly enact punishments of deprivation of personal property nonexpendable property. To monopolize the appliances with such vendors & to monopolize over price appliances etc with such vendors.

FACTS: ON June 11, 2007 E. Bull

* J45987, prisoner, transpacked prisoner's personal property at CSP-C-S-A-T-F-180, to be transferred to CSP-CAL-270. ON June 12, 2007. While prisoner was transpacking at C-S-A-T-F-180 not one official told prisoner that prisoner can not have in prisoner personal property possession A T.V. with speakers sound, Headphones; extra sweatshirts & pants, night clothings, ETRON RADIO CASSETTE CD player gym shorts. Headphone extencord, cassette tapes, soapdish, Hair gel, MAGAZINES Books, Reading Books, T.V. cable cord, HAIR comb picks AFRO HAIR comb pick; wave caps, Shower shoes.

on June 12, 2007 prisoner was received at CSP-CAL-270. Also on June 12, 2007 About 12-14 other prisoners was received at CSP-CAL-270 along with prisoner. All the other prisoner received all their personal property the same day.

3 prisoner was the only person who did not receive prisoner personal property that day. prisoner asked Sgt. T. Boren, RTR Sgt. "Why am I not getting my property?" Sgt. T. Boren stated "HAVE I EVER HEARD OF POP GOES THE

EXHIBIT

WEASEL?" "Well you are the WEASEL". + All At once the other OFFICERS in the OFFICE All song "pop goes the weasel" ~~cause~~ the weasel goes pop". Then they all started to laugh like it's a game to them to not issue to me my property that day like all other inmates.

on June 13, 2007 prisoner was called up to R+R to receive prisoner personal property. But not of prisoner personal property was taken away + confiscated unlawfully prisoner mentioned up + above. "p" was deliberately, maliciously, improperly, arbitrarily deprived of personal property + is forced to VISA MAIL Home unlawfully. Because of CSP-CAL-270 Bonus, Fake made up rules about "p" can not have in "p's" possession any appliances that have speakers. + Hair comb picks, AFRO HAIR combs unlawfully state that such is a threat to the prison safety + security. OFFICIALS are discriminating AGAINST AFRICAN AMERICAN due to they take away our combs to not be to comb our HAIR. 180 designs prison don't take away combs nor do the 180 design prison take away ETRON Radios with C.D. cassette players nor do the 180 prisons take away other personal property "p" have mentioned. CSP-CAL-270 Prison is punishing us prisoner who is 270 designed for programming. IF "p" can have these personal property at a 180 designed which is the very best highest level in prison can be housed, why can't "p" have these very same items at a 270 design prison with much less security? "p" is forced to Re-Buy these same over priced appliances from the prison designed vendors etc. "p" should not be paying for over priced appliances that is deliberately, maliciously, improperly inflated by such companies + vendors that is monopolized by these vendors, companies unlawfully. Even IF CSP-CAL-270 did INCORPORATED such rules "p" should still be able to keep in "p's" possession such appliances, + combs, clothing etc, books etc. In which "p" is paying money for these 3 items only to be taken away FOR programming. OFFICIALS should consider have consideration of the FACT that "p" is AWARD OF the STATE, + is indigent, owe restitution money which take money away from "p". + actually TRIPPLES the cost of appliances, books, clothing, combs etc etc from these vendors who is monopolizing the products with this prison CSP-CAL-270. There is no security concern due to the fact that this prison have x-rays machines to see through such 3 items. How come a 180 design prison allow the 3 items? And a 270 designed prison can't, + will not? "p" HAVE A right to TRANFER with such 3 items + A right to have + keep in "p" possession.

action requested continue from part "B"

(2) Cassette tapes \$ 20.00; (1) ETRON C.D.-cassette Radio AM/FM \$ 69.95; (2) Wave caps \$ 3.00; (3) AFRO HAIR combs \$ 2.75; (3) Shower shoes \$ 3.00; (2) Thermo tank tops \$ 14.00; (2) Thermo pants \$ 14.00; (2) Hair Gel \$ 6.00; (1) gym shorts \$ 12.00; (20) magazines \$ 40.00; (2) sweat pants \$ 16.00; (2) sweat shirts \$ 16.00; (1) soap dish \$ 1.00;

totaling \$ 359.60; And to stop this unlawful monopolizing

Business with CSP-CAL-270 prison + OFFICIALS, + stop confiscating such personal property + to have CSP CAL-270 OFFICIALS to put "p" + V. Speakers back into "p's" Television Rightfully. + speakers back in to Radio

E. Ball # J45987

EXHIBIT

Continue From part. "H" Dissatisfied

Lied About "p" have a Twin Radio.

"p" do not have a Twin Radio. on 6/29/01
"p's" mother Bought & paid for "p" Radio
From Union Supply Company Inc
purchasing a Etron Radio / C.D. Player / Cass-
ette Radio player (See Exhibit "A")
"p's" Receipt From Union Supply Company.

The Sgt. for Reverner (Refused to,
+ or did not, have, not identify what was
Altered / or what was wrong with "p's"
ETRON C.D. / Cassette player. they
don't even mentioned what was wrong.
They Lied ^{Just to take my Radio and the money} & or any other of "p's" personal
property or why the stole "p's" property.

The Reverner Failed, Refuse to conduct
An investigation of staff m/s conduct of
threats depriving "p" of personal property.
prisoner Ask that this level of

COCK to GRANT prisoner's request
Actions & or have CALICATHIA / reimburse
prisoner with all of the ~~stole~~ stated pro-
perty ETRON Radio C.D. player / cassette
player, Television, books, clothings etc.

(Headphones that prisoner Bought & paid
for. & Due into neither one / not one of
these 3 items poses a threat to the prison/
Institution.

EXHIBIT

Respectfully Submitted by
S. Bull #J45987

State of California

Memorandum

DATE: SEP 04 2007

TO: BULL
J45987SUBJECT: SECOND LEVEL APPEAL RESPONSE
LOG NO: CAL-C-07-01135ISSUE: PROGRAM

It is your position that when you arrived at Calipatria State Prison your personal property was under far more scrutiny than when you left the Substance Abuse Treatment Facility. As a result, some of your property was confiscated.

You are requesting compensation for property that was confiscated.

INTERVIEWED BY:

J. Coronado, Correctional Sergeant, on July 5, 2007.

REGULATIONS:

The rule governing this issue is the Department Operations Manual Chapter 5, Article 43, Inmate Property.

DISCUSSION:

On July 25, 2007, your property file was reviewed by Correctional Sergeant T. Borem, Receiving and Release (R&R). On the Property Release Form you signed, it is properly documented as to why each item was confiscated. Examples are:

- Twenty magazines were confiscated as excess, the limit is ten, and you were allowed ten.
- One set of head phones was confiscated, you are only allowed one set.
- You had several clothing articles that were confiscated due to excess and alterations.
- Two black wave caps were confiscated. Only white and light gray are allowed. (See attached memorandum).
- Petroleum Jelly was confiscated, it is not authorized (see attached).

EXHIBIT

CAL-C-07-01135

Page 2

- Your J.Win CD player was also confiscated due to it being altered.

In addition, Sergeant Borem informed me you arrived with nine boxes of property and due to your excess property they utilized a "six cubic foot wooden box." I was also informed you were not very cooperative, but did comply with placing your property in the box, and all of it did fit in the one six cubic foot box.

DECISION:

Based on the above noted factors, your property was properly confiscated and your appeal is denied at the Second Level of Review.

Be advised that this issue may be submitted for a Director's Level of Review.

T. Ochoa
T. OCHOA
Chief Deputy Warden
Calipatria State Prison

EXHIBIT

RECEIVED CAL APPEALS JUL 24 2007

CALIPATRIA STATE PRISON
Calipatria, California

NAME: INMATE BULL
CDC NUMBER: J45987
APPEAL LOG NUMBER: CAL-C-07-01135
INTERVIEWED: ON 7-5-07
APPEAL DECISION: J. CORONADO, Correctional Sergeant
APPEAL RESPONSE: DENIED

On 7-5-07 at approximately 1145 hrs I conducted a face to face interview with you Inmate Bull pertaining to your property 602. During the interview you stated "The officers at Calipatria's R+R, made you decide whether you wanted to send or donate your property home, even after you told them you had purchased it at some other institution." You went on to explain that officers Maciel and Vanzandt, told you that the property was either excessive or was not authorized at Calipatria State Prison.

I interviewed officer Maciel about your 602 and the following is his statement". I clearly explained to I/M Bull why these items were not allowed at Calipatria State Prison, he seemed irritated but understood. I/M Bull was given the proper forms and he mailed out his property on 6-13-07

Based on the above information your appeal is denied at the first level of review.

The appellant is advised that this issue may be submitted for a Second Level of Review.



J. CORONADO
Correctional Sergeant

7-08-07

Date

EXHIBIT

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001
DIRECTOR'S LEVEL APPEAL DECISION

Date: DEC 12 2007

In re: Bull, J-45987
Calipatria State Prison
P.O. Box 5002
Calipatria, CA 92233

IAB Case No.: 0708033

Local Log No.: CAL 07-01135

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner Michael H. Jensen, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that when he arrived at Calipatria State Prison (CAL) from the California Substance Abuse Treatment Facility and State Prison at Corcoran (SATF) staff confiscated numerous personal property items that he was allowed to retain at SATF. The appellant claims that staff scrutinized his property much closer than the property of the other inmates who arrived with him. The appellant requests to be issued the property items confiscated or to be compensated the funds he spent purchasing the items. He stated the replacement cost of the items was \$359.60. The appellant also requests Receiving & Release staff replace the speakers that were removed from his television and radio.

II SECOND LEVEL'S DECISION: The reviewer found that staff confiscated twenty magazines based upon there being a limit of inmates possessing ten magazines. The staff response noted that one set of headphones were confiscated based upon the regulations only allowing the appellant to possess one pair of headphones. According to the Second Level of Review (SLR), altered clothing items were confiscated as were two black wave caps. It was stated neither black wave caps nor altered clothing is allowed. According to the institution unauthorized petroleum jelly was confiscated as was an altered compact disc player. Stating the appellant was required to meet the six cubic foot requirement, the appeal was denied by the SLR.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: On June 13, 2007, the appellant signed a Property Release Form authorizing CAL to mail his unauthorized personal property items home. The evidence is that the appellant arrived at CAL with over six cubic feet of property and in possession of many items not authorized by CDC Operations Manual Section (DOM) 54030.

There is no evidence CAL staff confiscated items the appellant was authorized to retain. The Director's Level of Review (DLR) notes the appellant failed to include a copy of the SATF Property Inventory Sheet he was issued prior to leaving that institution. The only reference available to the DLR was the items confiscated by CAL staff.

Based upon the documentation reviewed, and the fact the appellant signed the release form authorizing the mailing of the unauthorized items, the DLR has determined the appellant's rights were not violated. There is no evidence the appellant should be compensated for the confiscation of the unauthorized property.

B. BASIS FOR THE DECISION:

California Code of Regulations, Title 15, Section: 3190, 3191, 3192, 3193
DOM: 54030

C. ORDER: No changes or modifications are required by the institution.

EXHIBIT

BULL, J-45987
CASE NO. 0708033
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR. If dissatisfied, the appellant may forward this issue to the California Victims Compensation and Government Claims Board, (formerly known as the State Board of Control), Government Claims Unit, P.O. Box 3035, Sacramento, CA 95812-3035, for further review.

A handwritten signature in black ink, appearing to read "Thuy" with a subscript "4" at the end.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, CAL
Appeals Coordinator, CAL

EXHIBIT

Government Claims Form California Victim Compensation and Government Claims Board P.O. Box 3035 Sacramento, CA 95812-3035 1-800-955-0045 • www.governmentclaims.ca.gov	State of California For Office Use Only Claim No.:
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Is your claim complete?

<input type="checkbox"/>	New! Include a check or money order for \$25 payable to the State of California.
<input checked="" type="checkbox"/>	Complete all sections relating to this claim and sign the form. Please print or type all information.
<input checked="" type="checkbox"/>	Attach receipts, bills, estimates or other documents that back up your claim.
<input checked="" type="checkbox"/>	Include two copies of this form and all the attached documents with the original.

Claimant Information

1	Emmanuel Tyrone	2	Tel:			
	Last name First Name MI	3	Email:			
4	P.O. BOX 5002	5	CALIPATRIA	6	CALIF.	92233
	Mailing Address City State Zip					
7	Best time and way to reach you: anytime					
8	Is the claimant under 18? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give date of birth: <input type="text"/> <input type="text"/> <input type="text"/>					
	MM DD YYYY					

Attorney or Representative Information

9		10	Tel:			
	Last name First Name MI	11	Email:			
12		13				
	Mailing Address City State Zip					
14	Relationship to claimant:					

Claim Information

15	Is your claim for a state-dated warrant (uncashed check) or unredeemed bond? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	State agency that issued the warrant: _____ If NO, continue to Step 16					
	Dollar amount of warrant: _____			Date of issue: <input type="text"/> <input type="text"/> <input type="text"/>		
	Proceed to Step 16 MM DD YYYY					
16	Date of Incident: June 12, 2007					
	Was the incident more than six months ago? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	If YES, did you attach a separate sheet with an explanation for the late filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
17	State agencies or employees against whom this claim is filed:					
	Department of Corrections Rehabilitation, T. Ochoa, AW; E. Janda, AW; T. Boren, Sgt.; Hurtado, C/O; C. Maciel, C/O; VANZADT, C/O. CALIFORNIA STATE PRISON CALIPATRIA.					
18	Dollar amount of claim: \$ 300.00					
	If the amount is more than \$10,000, indicate the type of civil case:			<input checked="" type="checkbox"/> Limited civil case (\$25,000 or less) <input type="checkbox"/> Non-limited civil case (over \$25,000)		
	Explain how you calculated the amount:					
	See Receipts					

EXHIBIT

16	Location of the incident:	CALIPATRIA STATE PRISON, CALIFORNIA.
17	Describe the specific damage or injury:	OFFICIAL STOLE PLAINTIFF'S PERSONAL PROPERTY UNLAWFULLY.
18	Explain the circumstances that led to the damage or injury:	TRANSFERRED FROM ANOTHER PRISON 180, THE DELIBERATE MALICIOUS, ARBITRARY, IMPROPER, UNLAWFUL ENFORCEMENT, USE OF UNDERGROUND 'FAKE FALSE RULES' TO TAKE, STEAL PLAINTIFF'S PERSONAL PROPERTY.
19	Explain why you believe the state is responsible for the damage or injury:	TO MONOPOLIZE THE APPLIANCES, FOOD, COSMETICS ETC WITH SUCH VENDORS TO MONOPOLIZE OVERPRICED APPLIANCES, FOOD, COSMETICS ETC FOR PLAINTIFF AND AND OTHER CSP INMATES TO BUY, PAY FOR THE OVERPRICE PRODUCTS CONTINUOUSLY.
20	Does the claim involve a state vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, provide the vehicle license number, if known:		

Auto Insurance Information

21	Name of Insurance Carrier			
Mailing Address		City	State	Zip
Policy Number:		Tel: _____		
Are you the registered owner of the vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, state name of owner:				
Has a claim been filed with your insurance carrier, or will it be filed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received any payment for this damage or injury?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what amount did you receive?				
Amount of deductible, if any:				
Claimant's Drivers License Number:		Vehicle License Number:		
Make of Vehicle:		Model:	Year:	
Vehicle ID Number:				

Notice and Signature

22	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).	
Emmanuel T. Bull		9-6-2007
Signature of Claimant or Representative		Date
23	Mail the original and two copies of this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 630 K Street, Sacramento.	

For State Agency Use Only

24	Name of State Agency	Fund or Budget Act Appropriation No.
Name of Agency Budget Officer or Representative		Title
Signature		Date

EXHIBIT

VCGCB-GC-002 (Rev. 8/04)

Claim No.:

EXHIBIT

9	My gross monthly pay is: \$ <u>N/A</u>	10	My income changes each month: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11	Number of persons living in my home: <u>N/A</u>		12	Other money I get each month

Name	Age	Relationship	Monthly Income	Source:
A			\$	A
B			\$	B
C			\$	C
D			\$	D
E			\$	E
F			\$	F

15	My total gross monthly household income: \$ <u>N/A</u>	13	Total other money: \$	
16	My payroll deductions are:		14	My monthly income: \$

A	\$	E	\$
B	\$	F	\$
C	\$	G	\$
D	\$	H	\$

17	My total payroll deduction amount is: \$	19	My net monthly income: \$
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18	My monthly take home pay is \$ <u>N/A</u>	20	I own or have interest in the following property:
-----------	---	-----------	---

A	Cash \$	C	Cars, other vehicles, and boats (List make and year)
B	Checking and savings (List banks):	D	Real estate (List addresses)

1)	Property	Value	Loan Balance
1)		\$	\$
2)		\$	\$
3)		\$	\$
4)		\$	\$

21	My monthly expenses are:		
-----------	--------------------------	--	--

A	Rent or house payment	\$	
B	Food and household supplies	\$	
C	Utilities and telephone	\$	
D	Clothing	\$	
E	Laundry and cleaning	\$	
F	Medical and dental	\$	
G	Insurance	\$	
H	School, child care	\$	
I	Transportation and auto expenses	\$	

J	Installment payments (specify)	\$	
K	Wage assignment or withholdings	\$	
L	Spousal or child support	\$	
M	Other:	\$	

22	Total installment payments:	\$	
23	Total other expenses:		\$
24	Total monthly expenses:		\$

25	I have attached other information that supports this application on a separate sheet.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
-----------	---	------------------------------	--

Signature Section

26	I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.
-----------	---

	<u>9-6-2007</u>
--	-----------------

Signature of Claimant

Date

VCGCB-GC-0010 8/04

EXHIBIT

DECLARATION OF

Emmanuel T. BullI, Emmanuel T. Bull, declare:

1. I am the ☒ petitioner/plaintiff ☐ respondent/defendant in the within cause of action, and in support my application to proceed in this matter without prepayment of fees pursuant to Cal. Rules of Court, rule 985, and Govt. Code section 68511.3, I declare and incorporate by reference each and every statement following each box(es) which has been marked:

☒ I am an inmate who is incarcerated in state prison located at: CALIPATRIA STATE PRISON
P.O. BOX 5002

☒ The balance of my inmate trust account is approximately \$ 0.00, and my monthly earnings each month is approximately \$ 0.00. Additionally, I do not own any other assets or personal property of any value.

2. Accordingly, I am without the financial means to pay the court's filing fee and/or costs at this time.

I, Emmanuel T. Bull, declare under penalty of perjury under the laws of the state of California that the above is true and correct and of my own personal knowledge. Executed this 01 day of September, 2007, at CALIPATRIA, California.

Emmanuel T. Bull

DECLARANT, In Propria Persona

---- PRISON CERTIFICATE ----

(INCARCERATED APPLICANT ONLY)

(To Be Completed By The Institution Of Incarceration)

I certify that the applicant, BULL, EMMAUEL (CDC# J45427), has the sum of \$ 52.22 on account at CALIPATRIA STATE PRISON.

I further certify that said applicant has the following securities N/A to his credit according to the records of the aforementioned institution, and that during the past six-months said applicant's average monthly inmate trust account balance was \$ 0, and the average monthly deposits to said applicant's account was \$ 0.

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR A SIX-MONTH PERIOD

3/13/08

DATE

D. Zamudio II
SIGNATURE OF AUTHORIZED OFFICER OF THE PRISON

OFFICER'S FULL NAME (PRINTED)

Account Clerk II

OFFICER'S TITLE/RANK

EXHIBIT

ATTACHMENT 12

(In Form 100-10)

REPORT ID: TS3030 .701

REPORT DATE: 03/13/08
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIPATRIA STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 13, 2008

ACCOUNT NUMBER : J45987
ACCOUNT NAME : BULL, EMMANUEL
PRIVILEGE GROUP: A
BED/CELL NUMBER: FB0400000000120L
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
02/19/2008	H109	LEGAL POSTAGE HOLD	2/15 4724	4.60
02/19/2008	H109	LEGAL POSTAGE HOLD	2/15 4724	1.82
02/20/2008	H200	GENERAL HOLD	ENVEL 4736	0.15
02/20/2008	H200	GENERAL HOLD	ENVEL 4736	0.15
02/20/2008	H118	LEGAL COPIES HOLD	2/14 4738	39.80
02/21/2008	H109	LEGAL POSTAGE HOLD	2/21 4776	5.70

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	52.22	0.00

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
AT THIS OFFICE.

CURRENT
AVAILABLE
BALANCE

52.22-

BY  TRUST OFFICE

EXHIBIT

RECEIVED CAL APPEALS JUN 21 2007
RECEIVED CAL APPEALS JUL 24 2007

PROPERTY RELEASE FORM

C 07 01 135

INMATES NAME <i>Bull</i>	INMATES NUMBER <i>J45987</i>
-----------------------------	---------------------------------

I authorized Calipatria State Prison to send home ☐ / Donate ☐ the following items of property (list property). ☐ Disposed of insufficient funds. Balance \$ _____.

DONATED ITEMS				ITEMS MAILED OUT			
		Un-Authorized	Altered			Un-Authorized	Al
1.	<i>Mail Out</i>			1.	<i>20 Merg</i>		
2.	<i>3 COMBS at handle</i>			2.	<i>Excess</i>		
3.	<i>1 shirt</i>			3.	<i>Ken-headphones excess</i>	<i>excess</i>	
4.	<i>2 cassette</i>	<input checked="" type="checkbox"/>		4.	<i>headphone cat</i>	<i>excess</i>	
5.	<i>2 pretroleum jelly</i>	<input checked="" type="checkbox"/>		5.	<i>empty cd cases - 6</i>	<input checked="" type="checkbox"/>	
6.	<i>1 Soap dish</i>			6.	<i>1 tv cable cord - Antennae.</i>		
7.	<i>Win CD player #0352</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7.	<i>Blackwaveer 2</i>	<input checked="" type="checkbox"/>	
8.				8.	<i>2 altered sweatshirts</i>		
9.				9.	<i>1 excess Thermoset #3 tops</i>		<input checked="" type="checkbox"/>
10.				10.	<i>1 excess Thermo sweatshirt</i>		
11.				11.	<i>Laundry bag</i>		
12.				12.	<i>3 pr pr shower slippers excess</i>		

I REQUEST SPEAKERS BE REMOVED FROM THE FOLLOWING:
I UNDERSTAND THAT I HAVE THE OPTION TO SEND THE APPLIANCE TO THE REPAIR CENTER, AT MY EXPENSE; HOWEVER, I ELECT TO HAVE IT DONE BY STAFF, WHICH I WILL NOT HOLD RESPONSIBLE FOR DAMAGE.

TELEVISION <i>Zenith</i>	SERIAL# <i># 0167</i>	WORKING <input checked="" type="checkbox"/>	NOT WORKING
<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Broken	<input checked="" type="checkbox"/> Compliance

COMMENTS:

RADIO	SERIAL#	WORKING	NOT WORKING
<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Broken	<input type="checkbox"/> Compliance

COMMENTS:

INMATE SIGNATURE <i>J Bull</i>	DATE <i>6/13/11</i>
R&R STAFF SIGNATURE <i>[Signature]</i>	DATE <i>6/13/11</i>

**IF THE INMATE WILL BE MAILING ITEMS HOME HE MUST FILL OUT AND SIGN A TRUST WITHDRAWAL FORM AND IT MUST ACCOMPANY THIS FORM. DISAPPROVED PROPERTY WILL NOT BE STORED. NEW ARRIVALS ONLY WILL BE GIVEN 30 CALENDAR DAYS TO OBTAIN FUNDS TO MAIL ITEM(S) OUT OR ITEM(S) WILL BE DISPOSED OF PER DEPARTMENT OF OPERATIONS MANUAL, SECTION 54030.12.2.

EXHIBIT

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE PROPERTY INVENTORY

CDC 1083 (7/87)

INMATE'S NAME: BULL	CDC NUMBER: J45987	INSTITUTION: CSPC	QUAD: ASU1	ROOM NUMBER: 185	DATE: 9.15.03
PROPERTY INVENTORIED BY: YALT	TITLE: C/O	REASON FOR INVENTORY: TR SATF 'J' ON 9.17.03			

CANTEEN ITEMS	CLOTHING	NON-EXPEND ITEMS
<input checked="" type="checkbox"/> DEODORANT HAIR: <input checked="" type="checkbox"/> GREASE / <input type="checkbox"/> NET <input checked="" type="checkbox"/> SHAMPOO / <input type="checkbox"/> SPRAY <input type="checkbox"/> PERM KIT <input checked="" type="checkbox"/> CONDITIONER ? LOTION: <input type="checkbox"/> TANNING <input checked="" type="checkbox"/> BABY OIL / <input checked="" type="checkbox"/> HAND / <input type="checkbox"/> NOXEMA POWDER: <input checked="" type="checkbox"/> TALC / <input type="checkbox"/> FOOT RAZOR: <input type="checkbox"/> BLADES <input type="checkbox"/> DISPOSABLE <input type="checkbox"/> SHAVING CREAM <input type="checkbox"/> AFTER SHAVE <input type="checkbox"/> SHOE POLISH SOAP: <input checked="" type="checkbox"/> BARS 3 <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> SOAP DISH <input type="checkbox"/> MOUTHWASH TEETH: <input checked="" type="checkbox"/> PASTE / <input type="checkbox"/> BRUSH <input type="checkbox"/> HOLDER <input type="checkbox"/> D-CLEAN	<input type="checkbox"/> BANDANAS <input type="checkbox"/> HEADBANDS <input type="checkbox"/> BELT <input type="checkbox"/> BUCKLE CAPS: <input checked="" type="checkbox"/> B/BALL / <input checked="" type="checkbox"/> W/CAP 2 <input type="checkbox"/> VIS <input type="checkbox"/> JACKETS <input type="checkbox"/> PANTS <input type="checkbox"/> PAJAMAS <input type="checkbox"/> ROBE <input type="checkbox"/> RUG SHIRTS: <input checked="" type="checkbox"/> TANK TOP / <input type="checkbox"/> DRESS SHIRT T-SHIRTS: <input type="checkbox"/> WHITE <input type="checkbox"/> COLORED SHOES: <input type="checkbox"/> DRESS SHOES <input checked="" type="checkbox"/> SANDES / <input type="checkbox"/> BOOTS <input checked="" type="checkbox"/> TENNIS 3 PR. <input checked="" type="checkbox"/> THONGS / <input checked="" type="checkbox"/> ATHLETIC 2 SHORTS: <input type="checkbox"/> UNDER <input type="checkbox"/> SWEATER <input checked="" type="checkbox"/> SWEATPANTS <input checked="" type="checkbox"/> SWEATSHIRT <input checked="" type="checkbox"/> THERMO TOP 5 <input checked="" type="checkbox"/> THERMO PANTS 3	<input type="checkbox"/> A/C ADAPTER Make: _____ SR/N: _____ <input type="checkbox"/> CALCULATOR Make: _____ SR/N: _____ <input type="checkbox"/> CASSETTE/8-TRACK Make: _____ SR/N: _____ <input type="checkbox"/> CLOCK <input type="checkbox"/> ELECTRIC RAZOR Make: _____ SR/N: _____ <input checked="" type="checkbox"/> HEADPHONES Make: KOSS W/ EXTENSION SR/N: KOSS W/ EQ <input checked="" type="checkbox"/> FAN Make: HOLMES SR/N: N/A <input type="checkbox"/> MUSICAL INSTRUMENT Type: _____ Model: _____ SR/N: _____ RELIGIOUS MEDAL Medal: <input type="checkbox"/> GOLD COLOR <input type="checkbox"/> SILVER COLOR CHAIN: <input type="checkbox"/> GOLD COLOR <input type="checkbox"/> SILVER COLOR <input type="checkbox"/> RECORD PLAYER Make: _____ SR/N: _____ RADIO <input checked="" type="checkbox"/> AM/FM <input checked="" type="checkbox"/> CP <input checked="" type="checkbox"/> CASSETTE <input type="checkbox"/> 8-TRACK Make: ETRON SR/N: Q352 TELEVISION <input type="checkbox"/> BLACK & WHITE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> TV & RADIO COMBINATION Make: RADIO SHACK 9" SR/N: 9831 <input checked="" type="checkbox"/> TELEVISION TESTED <input type="checkbox"/> NOT WORKING <input checked="" type="checkbox"/> TV WORKS <input type="checkbox"/> TYPEWRITER Make: _____ SR/N: _____ <input type="checkbox"/> RING <input type="checkbox"/> GOLD <input type="checkbox"/> SILVER <input type="checkbox"/> WATCH <input type="checkbox"/> WRIST <input type="checkbox"/> POCKET Make: _____ Color: <input type="checkbox"/> GOLD <input type="checkbox"/> SILVER 6 NUMBER OF BOXES _____ NUMBER OF BAGS FOOTLOCKER <input type="checkbox"/> YES <input type="checkbox"/> NO DITTY BAG <input type="checkbox"/> YES <input type="checkbox"/> NO
FOOD ITEMS CANDIES: <input type="checkbox"/> BAGS <input checked="" type="checkbox"/> BARS BX <input type="checkbox"/> CANNED MEATS CHEESE: <input type="checkbox"/> SPREAD <input type="checkbox"/> VELVEETA <input type="checkbox"/> CHIPS <input type="checkbox"/> CRACKERS <input type="checkbox"/> COFFEE <input type="checkbox"/> COCOA <input type="checkbox"/> COOKIES <input type="checkbox"/> PASTRIES <input type="checkbox"/> HOTSauce <input type="checkbox"/> PEPPERS <input type="checkbox"/> INSTANT DRINKS <input checked="" type="checkbox"/> SOUPS <input type="checkbox"/> JAM/JELLY <input checked="" type="checkbox"/> HONEY <input type="checkbox"/> PEANUT BUTTER <input checked="" type="checkbox"/> NUTS BX <input type="checkbox"/> POPCORN <input checked="" type="checkbox"/> PORK RINDS <input type="checkbox"/> SUGAR CUBES SPICES - 1 TEA: <input type="checkbox"/> BAGS <input type="checkbox"/> INSTANT <input type="checkbox"/> VITAMINS <input type="checkbox"/> PROTEIN	GAMES <input type="checkbox"/> CHESS <input checked="" type="checkbox"/> PINOCLE CARDS <input type="checkbox"/> CHECKERS <input type="checkbox"/> OTHER <input type="checkbox"/> DOMINOES	
PERSONAL PROPERTY <input type="checkbox"/> ADDRESS BOOK <input checked="" type="checkbox"/> BATTERIES: SIZE: C <input type="checkbox"/> BINDERS BOOKS: (see below) <input checked="" type="checkbox"/> SOFTBACKS <input checked="" type="checkbox"/> MAGAZINES <input type="checkbox"/> HARDBACKS BRUSH: <input checked="" type="checkbox"/> HAIR / <input type="checkbox"/> SHOE CLIPPERS: <input type="checkbox"/> NAIL <input type="checkbox"/> TOE COMBS: <input checked="" type="checkbox"/> AFRO <input checked="" type="checkbox"/> REGULAR GLASSES: <input checked="" type="checkbox"/> SUN SCREEN <input checked="" type="checkbox"/> RX W/CASE <input checked="" type="checkbox"/> LEGAL MATERIALS <input checked="" type="checkbox"/> PERSONAL PAPERS <input checked="" type="checkbox"/> LETTERS <input type="checkbox"/> MIRROR: CONDITION <input checked="" type="checkbox"/> PENS <input checked="" type="checkbox"/> PENCILS PHOTOS: <input type="checkbox"/> ALBUM <input checked="" type="checkbox"/> LOOSE <input type="checkbox"/> ENVELOPES <input type="checkbox"/> STAMPS <input type="checkbox"/> SEWING KIT <input type="checkbox"/> STATIONERY <input checked="" type="checkbox"/> TUMBLER 2 <input checked="" type="checkbox"/> BOWL 4 <input type="checkbox"/> WALLET TABLETS CUP TUB	TOBACCO ITEMS CIGARETTES: <input type="checkbox"/> CARTONS <input type="checkbox"/> PACKS <input type="checkbox"/> CIGARETTE CASE <input type="checkbox"/> LIGHTER CIGARS: <input type="checkbox"/> BOX <input type="checkbox"/> PACK <input type="checkbox"/> EACH <input type="checkbox"/> PIPES <input type="checkbox"/> ROLLER SNUFF: <input type="checkbox"/> POUCH <input type="checkbox"/> TINS TOBACCO: <input type="checkbox"/> POUCH <input type="checkbox"/> CAN	
	OTHER ITEMS: COAX CABLE 1- STINGER BRADY NECKLACE CAN OPENER 1- SPLITTER WOOD NAME PLATE	
	MAIL OUTS:	
	CONFISCATED ITEMS:	

The above listed items constitute all my personal property.

INMATE'S SIGNATURE:

E. Bull J45987

RECEIVED IN R&R BY:

INST.

DATE:

9-15-03

DATE:

BELOW TO BE SIGNED UPON RETURN OF PROPERTY TO INMATE:

I have received all the above listed personal property or have noted any discrepancies below.

INMATE'S SIGNATURE:

DATE:

INSTITUTION:

QUAD:

ROOM NUMBER:

DISTR: Original to R&R

Copy to Inventory Officer

Copy to Inmate

EXHIBIT

INMATE PROPERTY INVENTORY

CDC 1083 (7/87)

INMATE'S NAME BULL		CDC NUMBER J 45987	INSTITUTION CSP-COR	QUAD 3A	ROOM NUMBER 2496	DATE 3-17-02
PROPERTY INVENTORIED BY E. MAREL		TITLE %	REASON FOR INVENTORY AD-SEG PLACEMENT			

CANTEEN ITEMS HAIR: <input checked="" type="checkbox"/> GREASE (3) <input type="checkbox"/> NET <input checked="" type="checkbox"/> SHAMPOO (1) <input type="checkbox"/> SPRAY <input type="checkbox"/> PERM KIT <input checked="" type="checkbox"/> CONDITIONER (1) LOTION: <input type="checkbox"/> TANNING <input checked="" type="checkbox"/> BABY OIL (1/2 BOTTLE) POWDER: <input type="checkbox"/> TALC (1) <input type="checkbox"/> MOXEMA RAZOR: <input type="checkbox"/> BLADES <input type="checkbox"/> FOOT <input type="checkbox"/> SHAVING CREAM <input type="checkbox"/> DISPOSABLE <input type="checkbox"/> AFTER SHAVE <input type="checkbox"/> SHOE POLISH SOAP: <input checked="" type="checkbox"/> BAR (6) (3) <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> SOAP DISH (3) <input type="checkbox"/> MOUTHWASH TEETH: <input checked="" type="checkbox"/> PASTE (4) <input type="checkbox"/> BRUSH (2) <input type="checkbox"/> HOLDER <input type="checkbox"/> D-CLEAN		CLOTHING <input type="checkbox"/> BANANAS <input type="checkbox"/> HEADBANDS <input type="checkbox"/> BELT <input type="checkbox"/> BUCKLE CAPS: <input checked="" type="checkbox"/> 8/BALL (1) <input checked="" type="checkbox"/> W/CAP (2) <input type="checkbox"/> JACKETS <input type="checkbox"/> VIS <input type="checkbox"/> PANTS <input type="checkbox"/> 1/2 T <input type="checkbox"/> PAJAMAS <input type="checkbox"/> 1/2 T <input type="checkbox"/> RUG <input type="checkbox"/> ROBE SHIRTS: <input type="checkbox"/> TANK TOP <input type="checkbox"/> DRESS SHIRT T-SHIRTS: <input type="checkbox"/> WHITE <input type="checkbox"/> COLORED SHOES: <input type="checkbox"/> DRESS SHOES <input checked="" type="checkbox"/> SANDALS (1) <input type="checkbox"/> BOOTS <input checked="" type="checkbox"/> TENNIS (3) 1 INK 40 <input checked="" type="checkbox"/> THONGS (1) <input checked="" type="checkbox"/> ATHLETIC (3) CELL TO GUT. SHORTS: <input type="checkbox"/> UNDER <input checked="" type="checkbox"/> SWEATER 4 <input checked="" type="checkbox"/> SWEATPANTS <input checked="" type="checkbox"/> THERMO TOY (4) <input checked="" type="checkbox"/> THERMO PANTS (2)		NON-EXPEND ITEMS <input type="checkbox"/> A/C ADAPTER Make: _____ SR/N: _____ <input type="checkbox"/> CALCULATOR Make: _____ SR/N: _____ <input type="checkbox"/> CASSETTE/8-TRACK Make: _____ SR/N: _____ <input type="checkbox"/> CLOCK <input type="checkbox"/> ELECTRIC RAZOR Make: _____ SR/N: _____ <input checked="" type="checkbox"/> HEADPHONES (2) 1 SCOT 2 1 KASS 4/COLODS Make: _____ SR/N: _____ <input checked="" type="checkbox"/> FAN (1) HOLMES FAN Make: _____ SR/N: _____ <input type="checkbox"/> MUSICAL INSTRUMENT Type: _____ Model: _____ SR/N: _____ RELIGIOUS MEDAL Medal: <input type="checkbox"/> GOLD COLOR <input type="checkbox"/> SILVER COLOR CHAIN: <input type="checkbox"/> GOLD COLOR <input type="checkbox"/> SILVER COLOR <input type="checkbox"/> RECORD PLAYER Make: _____ SR/N: _____ RADIO <input checked="" type="checkbox"/> AM/FM/CP <input type="checkbox"/> CLOCK <input type="checkbox"/> CASSETTE <input type="checkbox"/> 8-TRACK Make: ETRON SR/N: 10305552 TELEVISION <input type="checkbox"/> BLACK & WHITE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> TV & RADIO COMBINATION Make: RADIO SHACK (D.T. TRANSFORMER) SR/N: 5014953 (1) SPLITTER <input checked="" type="checkbox"/> TELEVISION TESTED <input checked="" type="checkbox"/> TV WORKS <input type="checkbox"/> NOT WORKING <input type="checkbox"/> TYPEWRITER Make: _____ SR/N: _____ <input type="checkbox"/> RING <input type="checkbox"/> GOLD <input type="checkbox"/> SILVER <input type="checkbox"/> WATCH <input type="checkbox"/> WRIST <input type="checkbox"/> POCKET Make: _____ Color: <input type="checkbox"/> GOLD <input type="checkbox"/> SILVER NUMBER OF BOXES: _____ NUMBER OF BAGS: _____ FROG LOCKER: <input type="checkbox"/> YES <input type="checkbox"/> NO DUFFY BAG: <input type="checkbox"/> YES <input type="checkbox"/> NO			
FOOD ITEMS CANDIES <input type="checkbox"/> BAGS <input type="checkbox"/> CANNED MEATS CHEESE <input type="checkbox"/> SPREAD <input type="checkbox"/> CHIPS <input type="checkbox"/> COFFEE <input type="checkbox"/> COOKIES <input type="checkbox"/> HOT SAUCE <input type="checkbox"/> INSTANT DRINKS <input type="checkbox"/> JAM/JELLY <input type="checkbox"/> PEANUT BUTTER <input type="checkbox"/> POPCORN <input type="checkbox"/> SUGAR CUBES TEA: <input type="checkbox"/> BAGS <input type="checkbox"/> VITAMINS <input type="checkbox"/> INSTANT <input type="checkbox"/> PROTEIN		GAMES <input type="checkbox"/> CHESS <input type="checkbox"/> CHECKERS <input type="checkbox"/> DOMINOES <input checked="" type="checkbox"/> PINOCHLE CARDS (4) <input type="checkbox"/> OTHER		TOBACCO ITEMS CIGARETTES: <input type="checkbox"/> CARTONS <input type="checkbox"/> PACKS <input type="checkbox"/> CIGARETTE CASE <input type="checkbox"/> LIGHTER CIGARS: <input type="checkbox"/> BOX <input type="checkbox"/> PACK <input type="checkbox"/> EACH <input type="checkbox"/> PIPES <input type="checkbox"/> ROLLER <input type="checkbox"/> SNUFF: <input type="checkbox"/> POUCH <input type="checkbox"/> TINS TOBACCO: <input checked="" type="checkbox"/> POUCH (1) 1/4 LOFT <input type="checkbox"/> CAN		OTHER ITEMS: (1) BOX OF MISCELLANEOUS APPAREL (1) CAN OPENER (1) STINGER (2) BEAD CHAINS (1) NAME PLATE CAMPANUEL	
PERSONAL PROPERTY <input type="checkbox"/> ADDRESS BOOK <input type="checkbox"/> BATTERIES, SIZE: 16C 2 9 (AAA) <input type="checkbox"/> BINDER <input type="checkbox"/> BOOKS <input checked="" type="checkbox"/> SOFTBACKS (1) <input type="checkbox"/> HARDBACKS BRUSH: <input checked="" type="checkbox"/> HAIR (1) CLIPPERS: <input type="checkbox"/> NAIL COMBS: <input checked="" type="checkbox"/> AFRO (1) GLASSES: <input checked="" type="checkbox"/> SUN (1) BROKEN <input type="checkbox"/> LEGAL MATERIALS <input type="checkbox"/> PERSONAL PAPERS <input type="checkbox"/> MIRROR: CONDITION <input type="checkbox"/> PENS PHOTOS: <input type="checkbox"/> ALBUM <input type="checkbox"/> ENVELOPES <input type="checkbox"/> SEWING KIT <input type="checkbox"/> STATIONERY <input type="checkbox"/> TUMBLER <input checked="" type="checkbox"/> BOW (4) <input type="checkbox"/> WALLET TAPES, RECORDS: Total of 12 or less <input checked="" type="checkbox"/> CASSETTE TAPES (3) CDs <input type="checkbox"/> EIGHT TRACK TAPES <input type="checkbox"/> RECORDS - 45's <input type="checkbox"/> RECORDS - LP's		MAIL OUTS: + CABLE		CONFISCATED ITEMS:			

The above listed items constitute all my personal property.

INMATE'S SIGNATURE:

E. Bull

RECEIVED IN A&R BY:

INST.

DATE:

3-17-02

DATE

BELOW TO BE SIGNED UPON RETURN OF PROPERTY TO INMATE:

I have received all the above listed personal property or have noted any discrepancies below.

INMATE'S SIGNATURE

DATE

INSTITUTION

QUAD

ROOM NUMBER

Dist: Original to R&R

Copy to Inventory Officer

Copy to Inmate

EXHIBIT

INVOICE

"From a Battleship to Hot Sauce, We have it, or we'll get it!"

399 W. Artesia Blvd. • P.O. Box 7006
 Rancho Dominguez, Ca 90224-7006
 Tel: (310) 603-8899 Fax: (310) 603-8866

S: #EVA002
 L: LILLIE EVANS
 D: 1321 E. 114TH ST.
 T: LOS ANGELES, CA 90059

S: Inmate: BULL EVANS
 #ZCA050
 CA STATE PRISON-CORCORAN
 INMATE: B. EVANS, J-45987
 4001 KING AVENUE
 CORCORAN, CA 93212

John Smith

PAGE	
INVOICE NO.	10243
INVOICE DATE	6/29/01

CUSTOMER PURCHASE ORDER NO.	SHIP VIA	TERMS	DATE SHIPPED	SLMN 1	SLMN 2	PICK TICKET N
EVANS-MD	UPS - Ground Prepaid	Prepaid	6/29/01	106		22857-00

QTY. ORDERED	QTY. SHIPPED	QTY. BACK ORDERED	ITEM NO.	DESCRIPTION	PRICE	U/M	AMOUNT
1	1	0	4032010	NO BACKORDERS.	68.99	EA	68.99
				UPC #: 5646518006			

ETRON CD1800C CLEAR CD BODMBOX
 NO RECORDING CAPABILITY

EXHIBIT

Exhibit A

SUB-TOTAL	SHIPPING & HANDLING	TAX	SUB-TOTAL	DEPOSIT	BALANCE DUE
68.99	4.18	4.83	78.00	78.00	00

UNION SUPPLY COMPANY, INC.

INVOICE

Remit To:
2301 E Pacifica Place
PO Box 7006
Rancho Dominguez, CA
90224-7006

2301 East Pacifica Place • P.O. Box 7006
Rancho Dominguez, CA 90224-7006
Tel: (310) 603-8899 Fax: (310) 603-8866

7-28-09

Customer: #EVA002
LILLIE EVANS
1321 E. 114TH ST.
LOS ANGELES, CA 90059

Inmate: BULL EVANS
#DCA140 Housing Unit:
CA SUBSTANCE ABUSE TREAT FAC
QUARTERLY PACKAGE
900 QUEBEC AVENUE
DORCOTAN, CA 93212

PAGE	01-428
INVOICE NO.	01-428
INVOICE DATE	6/24

CUSTOMER PURCHASE ORDER NO.	SHIP VIA	TERMS	DATE SHIPPED	SLMN 1	SLMN 2	PICK TICKET N
2301 46375603571	UPS - Ground Prepaid	CA Prepaid / Personal Checks	6/24/09	104		480359-0

Inmate: BULL EVANS

#: J45987

QTY. ORDERED	QTY. SHIPPED	QTY. BACK ORDERED	ITEM NO.	DESCRIPTION	PRICE	U/M	AMOUNT
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QUANTITIES CHANGED TO ADJUST PRICE

SHOULD YOU NOT RECEIVE ALL THE ITEMS YOU ORDERED IT MIGHT BE BECAUSE IT EXCEEDED THE SIZE OR WEIGHT LIMIT OF THE BOX. WE APOLOGIZE FOR ANY INCONVENIENCE THIS MAY CAUSE YOU. WE APPRECIATE YOUR BUSINESS AND LOOK FORWARD TO SERVING YOU AGAIN SOON. HAVE A GREAT DAY!

UNION SUPPLY COMPANY

CARDBOARD & PACKING MATERIALS

12 X 14 X 24

GRAY DELUXE ACRYLIC WATCH CAP

2501013

GRAY

Color:

Order:

B/D:

Size:

Order:

B/D:

8068001

1055001

UFC #: 0000507116

9

1

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EXHIBIT

RED WING SQUEEZE MAYONNAISE

1.9500 EA

BLACK CORDUROY SLIPPER (MED)

11.9900 PR

2.4900 EA

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SUB-TOTAL

SHIPPING & HANDLING

TAX

SUB-TOTAL

DEPOSIT

BALANCE DUE

Handwritten signature: K. Bull

UNION SUPPLY COMPANY, INC.

"From a Battleship to Hot Sauce, We have it, or we'll get it"

2301 East Pacifica Place • P.O. Box 7006
 Rancho Dominguez, CA 90224-7006
 Tel: (310) 603-8899 Fax: (310) 603-8866

INVOICE

Remit To:

2301 E Pacifica Place
 PO Box 7006
 Rancho Dominguez, CA
 90224-7006

PAGE	01-42810
INVOICE NO.	01-42810
INVOICE DATE	6/24/05

Customer: #EVA002
 LILLIE EVANS
 1321 E. 114TH ST.
 LOS ANGELES, CA 90059

Inmate: BULL EVANS
 #000140
 Housing Unit:
 CA SUBSTANCE ABUSE TREAT FAC
 QUARTERLY PACKAGE
 900 QUEBEC AVENUE
 CORCORAN, CA 93212

WEIGHT: 17.25
 CUBE: 2,767.00

CUSTOMER PURCHASE ORDER NO.	SHIP VIA	TERMS	DATE SHIPPED	SLMN 1	SLMN 2	PICK TICKET NO.
-----------------------------	----------	-------	--------------	--------	--------	-----------------

46375603571 UPS - Ground Prepaid Prepaid / Personal Checks 6/24/05 106 480359-00

Inmate: BULL EVANS # : J45987

QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED	ITEM NO	DESCRIPTION	PRICE	U/M	AMOUNT
20	20	0	8001023	COOKBOOK BEANS & RICE 48/2 OZ	.6500	EA	13.00
7	7	0	UPC #: 7119711309	CHILI FLAVORED			
4	4	0	8092060	BUMBLE BEE LIGHT TUNA IN WATER	.7000	EA	4.90
3	3	0	8036014	12/3 OZ IN A POUCH			
2	2	0	8032028	CHICKEN OF THE SEA SHRIMP	3.5000	EA	14.00
2	2	0	8032027	PREMIUM IN POUCH 12/3.53 OZ			
5	5	0	8019004	SNAPPY CHEESE CRISPS CRACKERS	1.6500	EA	4.95
				12/10 OZ			
				STAUFFER CHOC CHIP 12/12 OZ	1.5000	EA	3.00
				TRAY COOKIE			
				STAUFFER ICED OATMEAL COOKIES	1.5000	EA	3.00
				12/12 OZ			
				THIN & CRISPY STUFFED JALAPENO	1.1500	EA	5.75
				POTATO CHIPS 15/6 OZ			

X 3 Bull

LIBIHX3

SUB-TOTAL	SHIPPING & HANDLING	TAX	SUB-TOTAL	DEPOSIT	TAX FEE RATE	BALANCE DUE
69.93	3.95	1.05	73.93	72.00	1.05	.93

ORIGINAL
WORK ORDER

CUSTOMER #

8728248 001

ORDER NO.

8/28/01

PAGE

FILED BY
8/31/01

1-800-546-6283
ACCESS CATALOG COMPANY
10840 LIN PADE
ST. LOUIS, MO 63132
VIA UPS
ORDER DATE
SLS JMP
E BULL
CALIFORNIA ST PRISON
4001 KING AVE, DORM/BED#249L
CORCORAN, CA 93212

ORDER NO.

QUANTITY

ORDERED

SHIPPED

B/O

U/M

PRODUCT #

DESCRIPTION

UNIT PRICE

AMOUNT

1

EA

50082010N

EA

50082010N

KOSS EQ/30 EQUALIZER

21.79

21.79

10

EA

50584010N

RECDION HP120/1536 STEREO *** DISCONTINUED

5.79

5.79

TTL WT.

1.21

OFFICE USE ONLY

AMT RECEIVED 44.00

SALES TAX

4.00

SHEETING/MANUOLING

4.00

4.00

TOTAL

34.80

EXCHANGE/RETURN ITEMS

DETACH LABEL & PLACE ON OUTSIDE OF PACKAGE

QTY

PRODUCT NO.

DESCRIPTION OF EXCHANGE ITEM

UNIT PRICE

AMOUNT

RETURN CODES

R1 Defective

R2 Do not want

R3 Wrong Product Shipped

R4 Wrong Product Ordered

R5 Restricted

EXCHANGE CODES

E1 Defective

E2 Do not want

E3 Wrong Product Shipped

E4 Wrong Product Ordered

E5 Restricted

TV CODES

T1 Repair and Return

T2 Replace

ALL
CALIFORNIA ST PRISON
4001 KING AVE, DORM/BED#249L
CORCORAN, CA 93212

J45987

Access Catalog Company
10840 Lin Page Place
St. Louis, MO 63132

EXHIBIT

To return or exchange merchandise: Circle the code that best fits your exchange or return.

JACK L. MARCUS INC.
5300 W. FOND DU LAC AVE.
MILWAUKEE WI 53216
PHONE: (414) 438-4999
1-800-236-2611

CUST# 93212
ORDER# 1770616
ORDERDATE: 08/31/00

CALIFORNIA ST. PRISON-CORCORAN
EMMANUEL BULL ID# J45987
4001 KING AVENUE
CORCORAN CA 93212

NO CREDITS OR SUBSTITUTES ALLOWED

SHIPMENT: SEPARATE BATCH: 237
PO# 12172 DPT # 1

QTY	ITEM DESCRIPTION	CART LOC.	PRICE	EXT. PRICE
1	1744 6 FT. HEADPHONE EXTENSION CORD ACW344	04 B-04	3.00	3.00
1	1612 KOSS KTX/4 STEREOPHONE KTX/4-135145	04 A-05	9.75	9.75
1	393 8 INCH OSCILLATING TABLE FAN HAOF-85	04 WHSE1	13.75	13.75
1	265 UHF/UHF/FM BAND SEPARATOR CV65	04 B-03	2.75	2.75

A REFUND IS BEING PROCESSED FOR THE FOLLOWING REASON(S):

ITEM ORDERED IS SOLD OUT 1258

PLEASE NOTE:

ORDER # 1770616 248

TOTAL SALE AMOUNT: 29.25
FREIGHT: 3.00

A REFUND IN THE AMOUNT OF 22.75
WILL BE SENT TO LILLIE EVANS.

DEPOSIT: 55.00
CREDIT USED: 0.00

EXHIBIT
EXHIBIT
EXHIBITS N-I-A-P-9-10

Please see reverse side for... and/or exchange instructions.

ADDRESS REQUIRED
 86-101 VIA 4
 SPRINGS, NV 89435

86485

8-18-05

E. BULL J45987
 CSATF/SUBSTANCE ABUSE TRMT FAC
 900 QUEBEC AVE, PO BOX 700 C3 LOW 212
 CORCORAN, CA 93212

ADHERE TO QTR END KEY DEADLINE
 ALL FOLIO INKATE DOWN & BEU
 LOCATION OF THE ORDER WILL
 WITH TO ADDRESS NO THANK YOU

QTY	UNIT	ITEM NO	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	EA	8021	(EACH) VEEVE 4 OZ INSTANT COFFEE	2.40	2.40
10	EA	81341	(EACH) HOT CHILI BEERED BEANS 4 WIDE M	1.00	10.00
2	EA	81375	(EACH) 140Z SNACK LEMONADE VAN LIME FILL	1.20	2.40
1	EA	81377	(EACH) 140Z SNACK LEMONADE SWEET ORANGE	1.20	1.20
2	EA	81378	(EACH) 140Z SNACK LEMONADE SWEET ORANGE	1.20	2.40
1	EA	81379	(EACH) 140Z SNACK LEMONADE CHOC BLOOMER	1.80	1.80
1	EA	81381	(EACH) 140Z SNACK LEMONADE CHOC CHIP COOK	1.70	1.70
1	EA	84708	(EACH) SNACK LEMONADE MURIN STICKS & PK	1.50	1.50
2	EA	84709	(EACH) SNACK LEMONADE MURIN STICKS & PK	1.50	3.00
1	EA	84710	(EACH) SNACK LEMONADE SWISS ROLL & PK	1.40	1.40
1	EA	84711	(EACH) SNACK LEMONADE SWISS ROLL & PK	1.40	1.40
1	EA	84712	(EACH) SNACK LEMONADE HONEY BUN & PK	1.40	1.40
1	EA	84713	(EACH) SNACK LEMONADE HONEY BUN & PK	1.40	1.40
1	EA	84714	(EACH) SNACK LEMONADE CHOC BLOOMER	1.80	1.80
1	EA	X 84716	(EACH) SNK LEGENDE CHOC *** CANCELLED	2.00	
1	EA	85111	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85112	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85113	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85114	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85115	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85116	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85117	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85118	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85119	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85120	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85121	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85122	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85123	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85124	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85125	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85126	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85127	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85128	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85129	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85130	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85131	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85132	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85133	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85134	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85135	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85136	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85137	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85138	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85139	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85140	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85141	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85142	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85143	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85144	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85145	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85146	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85147	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85148	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85149	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85150	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85151	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85152	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85153	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85154	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85155	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85156	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85157	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85158	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85159	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85160	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85161	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85162	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85163	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85164	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85165	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85166	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85167	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85168	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85169	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85170	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85171	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85172	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85173	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85174	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85175	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85176	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85177	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85178	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85179	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85180	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85181	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85182	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85183	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85184	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85185	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85186	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85187	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85188	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85189	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85190	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85191	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85192	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85193	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85194	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85195	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85196	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85197	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85198	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85199	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00
1	EA	85200	(EACH) MOON LODGE BROWN BREAD CRISPS	1.00	1.00

BY RECEIVED

SALES

TOTAL

NO THANK YOU

8-18-05

TOTAL 37.25

E. Bull

ADHERE TO QTR END KEY DEADLINE

EXHIBIT

1-800-546-6283
ACCESS SECUREPAK
55-101 VISTA BLVD.
SPARKS, NV 89434

WAREHOUSE: W

CARRIER: UPS

SLS: JP W SP

ORDER #: 74213

2/25/05

8732613 001

31567

EMMANUEL BULL J45987
CSATF/SUBSTANCE ABUSE TRMT FAC
900 QUEBEC AVE, PO BOX 7100 C 3 212L
CORCORAN, CA 93212

ADHERE TO QTR END KEY DEADLNS
MUST HAVE INMATE DORM & BED
LOCATION OF THE ORDER WILL
RTN TO ACCESS NO THANK YOU

TY	UOM	ITEM NO	C DESCRIPTION	ITM PRC	TTL PRC
4	EA	4	8021 (EACH) KEEFE 4 OZ. INSTANT COFFEE	2.10	8.40
1	EA	1	8201 (EACH) KBLR PECAN SANDIES 16 OZ	2.70	2.70
1	EA	1	81874 (EACH) 14OZ SNACK LEGENDS CHOC CREME FILL	1.30	1.30
1	EA	1	81875 (EACH) 14OZ SNACK LEGENDS VAN CREME FILLE	1.30	1.30
1	EA	1	81877 (EACH) 14OZ SNACK LEGENDS DUPLEX CREME CO	1.30	1.30
3	EA	3	81878 (EACH) 14OZ SNACK LEGENDS STRBRY CREME FL	1.30	3.90
2	EA	2	81879 (EACH) 14OZ SNACK LEGENDS CHOC PB CREME F	1.30	2.60
1	EA	X	84708 (EACH) SNACK LEGENDS DUN *** CANCELLED	1.50	
1	EA	X	84709 (EACH) SNACK LEGENDS PAB *** CANCELLED	1.60	
1	EA	X	84710 (EACH) SNACK LEGENDS SWI *** CANCELLED	1.60	
1	EA	X	84711 (EACH) SNK LEGENDS DATHE *** CANCELLED	1.60	
1	EA	X	84712 (EACH) SNACK LEGENDS HON *** CANCELLED	1.60	
3	EA	3	84713 (EACH) SNACK LEGENDS PECAN SPINS 8 PK	1.60	4.80
2	EA	2	84714 (EACH) 6 PK SNK LEGENDS CHOC CREME CUPCAK	2.00	4.00
1	EA	1	84715 (EACH) SNK LEGENDS CHOC ENROBED DONUT 6 P	2.00	2.00
1	EA	1	85111 (EACH) MOON LODGE REGULAR POTATO CHIPS	1.00	1.00
1	EA	1	85112 (EACH) MOON LODGE REG POTATO CHIPS - 6OZ	1.00	1.00
1	EA	1	85113 (EACH) MOON LODGE SOUR CREAM & ONION 6 OZ	1.00	1.00
1	EA	1	85114 (EACH) MOON LODGE "THE WHOLE SHABANG" CHI	1.00	1.00
1	EA	1	85117 (EACH) ML JALAPENO CHIPS 6 OZ	1.00	1.00
1	EA	1	88075 (EACH) COLGATE 5.4 OZ TSPASTE	2.40	2.40
1	EA	1	82118 (EACH) AQUA SPORT GEL W/ P DEOD 3 OZ	2.70	2.70
10	EA	10	821447 (EACH) IRSH SPRNG *SPORTS 4.5 OZ SINGLE SA	.80	8.00
1	EA	1	822375 (EACH) NEW DAY BABY POWDER 15 OZ	1.30	1.30
1	EA	1	50242010 N HEADPHONE ACCESSORY KIT 00218	8.60	8.60
1	EA	1	50600050 G SWEATSHIRT	7.60	7.60
1	EA	1	50604050 G SWEATPANTS - NO POCKETS	7.60	7.60
1	EA	1	50605060 N THERMAL DRAWERS	5.90	5.90
1	EA	1	50606060 N THERMAL SHIRT	5.90	5.90
1	EA	1	50954050 G GYM SHORTS 50 50 POLY COTTON	7.90	7.90
1	EA	1	82006090 N REEBOK KORO I SANDAL	12.50	12.50

EXHIBIT

GIFT CERT. .37
MT RECEIVED 108.00
SALES TAX

SHIPPING/HANDLING

TOTAL: 107.93

TOTAL WT: 26.33

3-9-05

NO THANK YOU ITEMS

ADHERE TO SHIP DEADLINES

EXHIBIT

Huston v. LACK (Supra)

VERIFICATION

STATE OF CALIFORNIA
COUNTY OF IMPERIAL

I, E. Bull

(C.C.P. SEC. 446 & 2015.5: 28 U.S.C. 1746)

DECLARE UNDER PENALTY OF PERJURY THAT: I AM THE PLAINTIFF
IN THE ABOVE ENTITLED ACTION. I HAVE READ THE FOREGOING DOCUMENTS AND KNOW THE CONTENTS THERE
AND THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO MATTERS STATED THEREIN UPON INFORMATION
AND BELIEF, AND AS TO THOSE MATTERS, I BELIEVE THEM TO BE TRUE.

EXECUTED THIS 29th DAY OF December, 2010 AT
CALIPATRIA STATE PRISON, CALIPATRIA CALIFORNIA 92233-5002

(SIGNATURE) Emmanuel Bell
DECLARANT/PRISONER

PROOF OF SERVICE BY MAIL

(C.C.P. SEC. 1013 (a) & 2015.5 28 U.S.C. 1746)

I, E. Bull, AM A RESIDENT OF CALIPATRIA STATE PRISON, IN THE COUNTY OF
IMPERIAL, STATE OF CALIFORNIA, I AM OVER THE AGE OF EIGHTEEN (18) YEARS OF AGE AND AM AM NOT A
PARTY OF THE ABOVE ENTITLED ACTION. MY STATE PRISON ADDRESS IS P.O. BOX 5002, CALIPATRIA STATE PRISON
CALIPATRIA, CALIFORNIA 92233-5002.

ON December 29, 2010 IS SERVED THE FOREGOING: U.S.D.C.S.D.C.
Complaint under the civil Rights Act 42 U.S.C. § 1983
Fed. R. Civ. P. 38(b) Jury trial.

SET FORTH EXACT TITLE OF DOCUMENTS SERVED

ON THE PARTY(S) HEREIN BY PLACING A TRUE COPY(S) THEREOF, ENCLOSED IN A SEALED ENVELOPE(S) WITH
POSTAGE THEREON FULLY PAID, IN THE UNITED STATES MAIL, IN A DEPOSIT BOX SO PROVIDED AT
CALIPATRIA STATE PRISON, CALIPATRIA, CALIFORNIA 92233-5002.

U.S.D.C.S.D.C. 880 Front Street #4290
SAN DIEGO CALIF. 92101-8900

THERE IS DELIVERY SERVICE BY UNITED STATES MAIL AT THE PLACE SO ADDRESSED, AND THERE IS REGULAR
COMMUNICATION BY MAIL BETWEEN THE PLACE OF MAILING AND THE PLACE SO ADDRESSED. I DECLARE
UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE December 29, 2010

Emmanuel Tyrese Bell
(DECLARANT / PRISONER)

JS44

(Rev. 07/89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

I (a) PLAINTIFFS

Emmanuel Tyrone Bull

DEFENDANTS

Small et al

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF Imperial
(EXCEPT IN U.S. PLAINTIFF CASES)

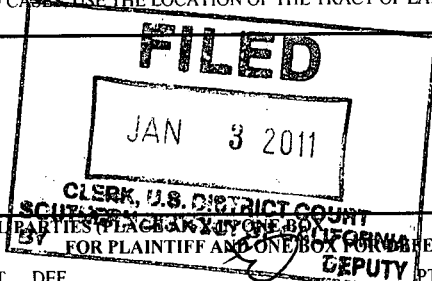
COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT
(EXCEPT IN U.S. PLAINTIFF CASES ONLY)

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (IF KNOWN)

Emmanuel Tyrone Bull
PO Box 5002
Calipatria, CA 92233
J-45987

2254 1983
FILING FEE PAID
Yes ☒ No ☐
IF PETITION FILED
No ☐
COPIES SENT TO
Court ☐ ProSe ☐



II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
☒ 3 Federal Question
(U.S. Government Not a Party)
☐ 2 U.S. Government Defendant
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX ONLY)

- (For Diversity Cases Only)
- | | | | | | |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 U.S.C. 1983

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> Marine <input type="checkbox"/> Miller Act <input type="checkbox"/> Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits <input type="checkbox"/> 160 Stockholders Suits <input type="checkbox"/> Other Contract <input type="checkbox"/> 195 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury-Medical Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 RR & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. <input type="checkbox"/> Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (13958) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(e)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reappointment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State <input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Eiectmant <input type="checkbox"/> 240 Tort to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights			

VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

- ☒ 1 Original Proceeding
☐ 2 Removal from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from another district (specify)
☐ 6 Multidistrict Litigation
☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY (See Instructions):

JUDGE

Docket Number

DATE 1/3/11

SIGNATURE OF ATTORNEY OF RECORD